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5/28/03
\$405

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) TCO1-102US											
In re Application of Robert J. Panek, Jr.													
Application Number 09/845,976		Filed April 30, 2001											
For MEDICAL WASTE DISPOSAL SYSTEM													
Group Art Unit 3727		Examiner Stephen J. Castellano											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application. I am the attorney or agent of record.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$930.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0350</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$930.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$												
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$												
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$930.00												
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$												
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED													
Name (Print/Type)	Joshua L. Cohen	Registration No. (Attorney/Agent)	38,040										
Signature	<i>Joshua L. Cohen</i>	Date	5/16/03										
CERTIFICATE OF MAILING OR TRANSMISSION													
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.													
Name (Print/Type)	Patricia C. Boccella												
Signature	<i>Patricia C. Boccella</i>	Date	5/16/03										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.													
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.													

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Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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